

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission .....	09/12/2020 17:59 (SGT)
Date of Accident .....	08/12/2020 12:30 (SGT)
Exact Location of Accident .....	Marymount Rd, Singapore
Additional Location Information .....	PEMIMPIN DRIVE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLV7459G
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SHAWN YEO QIAN KUAN
NRIC No .....	SXXXX897E
Email Address .....	shawnyeoqk@gmail.com
Mobile Phone No .....	(Phone) +65-82824068
Alternative Phone No .....	+65-82824068

### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	Cerato
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car

### INSURANCE COMPANY

Name of Insurance Company .....	AIG
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	1800001236-01
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SHAWN YEO QIAN KUAN
NRIC No .....	SXXXX897E
Date Of Birth .....	08/05/1988
Occupation .....	Outdoor

Date Of Driving Pass .....	28/08/2007
Driving experience .....	13 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82824068
Alt. Phone Number .....	+65-82824068
Email Address .....	shawnyeoqk@gmail.com
Address .....	BLK 78 #16-53
Address complement .....	DAWSON ROAD
Postcode .....	141078
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20201208/7024

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SML521X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMS378G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	SHAWN YEO QIAN KUAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLV7459G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

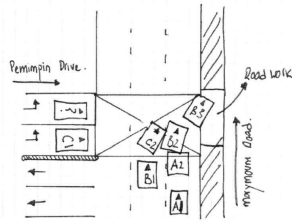
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



Vehicle A: SLV74596  
Vehicle B: SML521X  
Vehicle C: SMS3786

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling along my designated lane along Maymorn Road. As I was travelling along I suddenly noticed vehicle 'C' making a wide turn off from Pemberton Drive. Vehicle 'C' collided into vehicle 'B' which then swerved into my lane. I tried to stop but to no avail collided into vehicle 'B'. That is all.

*Police Report 7/2020/1208/7024*

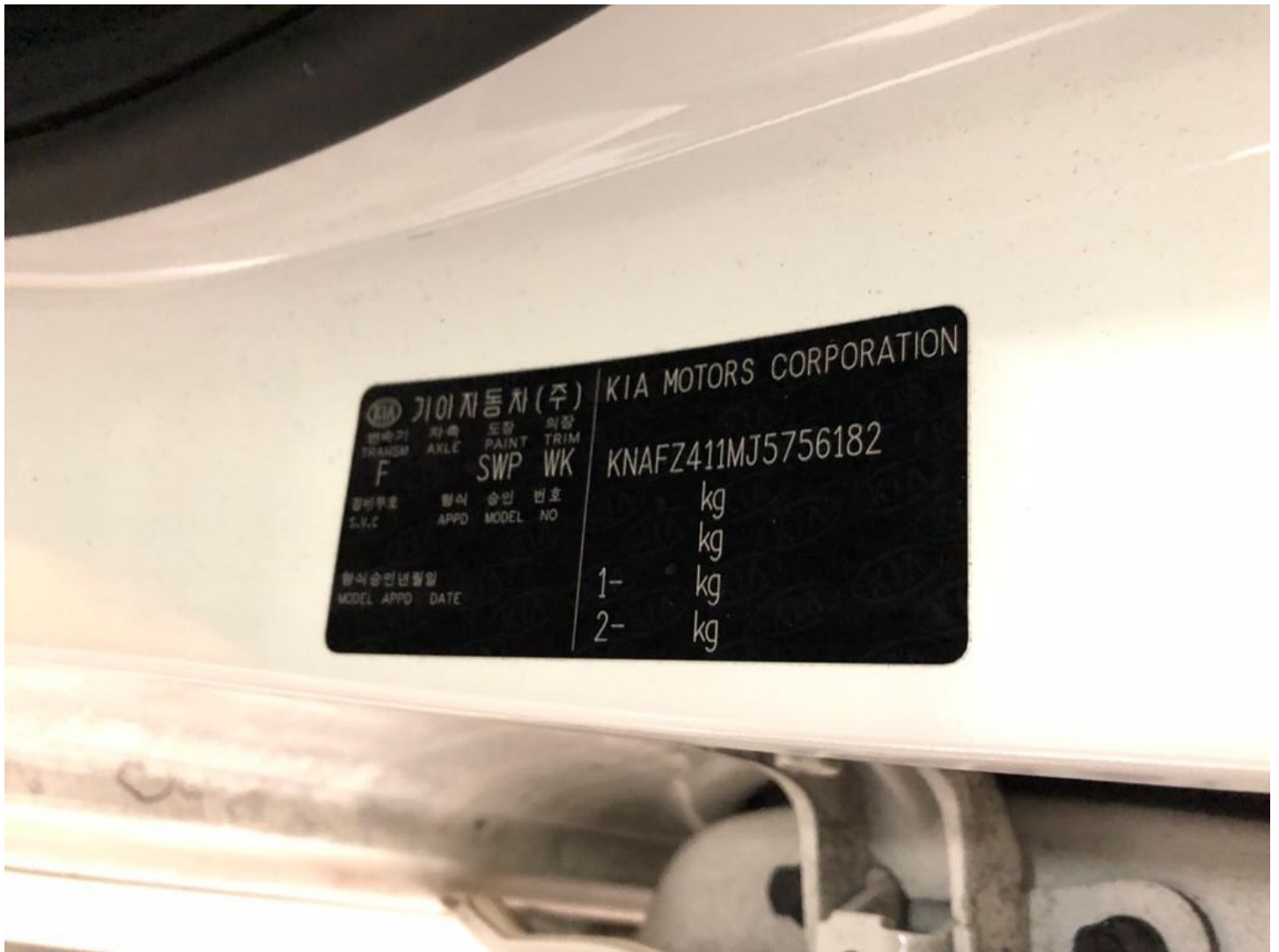
DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

























**SINGAPORE  
POLICE FORCE**



T/20201208/7024

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3  
Report No. T/20201208/7024

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/12/2020 15:36 Vide Report No.: Station Diary No.:

**Informant's Particulars**

Name of Informant: SHAWN YEO QIAN KUAN			Address: 78 DAWSON ROAD #16-53 SINGAPORE 141078		
ID Type / ID No.: NRIC NO / S8814897E			Contact No.: Home/Office: Mobile: 82824068		
Nationality: SINGAPORE CITIZEN			Email: SHAWNYEOQK@GMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 08/05/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OIL & GAS BUSINESS DEVELOPMENT EXECUTIVE			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/12/2020 12:30	Type of Location: Straight Road
Location:  PEMIMPIN DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLV7459G	Car	KIA	CERATO K3 1.6A SUNROOF	White		0
SML521X	Car					0
SMS378G	Car					0



**SINGAPORE  
POLICE FORCE**



T/20201208/7024

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20201208/7024

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV7459G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800001236-01	15/01/2020	14/01/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHAWN YEO QIAN KUAN	ID No.	S8814897E
Related Vehicle	SLV7459G (Car)	Contact No.	82824068
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	08/12/2020	Date	08/12/2020
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

ON THE STATED DATE AND TIME, I VEHICLE "A" WAS TRAVELLING ALONG MY DESIGNATED LANE MARYMOUNT ROAD. AS I WAS TRAVELLING ALONG I SUDDENLY NOTICE VEHICLE "C" MAKING A WIDE TURN OUT FROM PEMIMPIN DRIVE. VEHICLE "C" THEN COLLIDED AGAINST VEHICLE "B" WHICH THEN SWERVED INTO MY LANE. AS THAT HAPPEN I APPLIED ONTO MY BRAKES BUT TO NO AVAIL I STILL COLLIDED WITH VEHICLE "B". AFTER THE ACCIDENT, I FELT ABIT OF DISCOMFORT AND HENCE CONSULTED A GP AND WAS GIVEN 3 DAYS OF MEDICAL LEAVE. THAT IS ALL.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20201208/7024

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Report No. T/20201208/7024

**CONTINUATION OF REPORT****Sketch Plan**

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
THABAGESH JEYATHESH  
Contact No.: 65476178

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
08/12/2020 15:36

Classification Of Case: